



**TOWNSHIP OF EAST GARAFRAXA**  
**Accessible Customer Service Feedback Form**

(Form also available in large print)

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Date** \_\_\_\_\_

**Feedback or Suggestions:**

Complete form and return it to Department Head. Forward a copy of the form to the Clerk.

For Office Use only - Outcome or Action Taken

**Information collected in accordance with the Customer Service Accessibility Policy.**